

MEETING ABSTRACT

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EHMTI-0056. Self-medication of headache: identification of subgroups of patients through cluster analysis

E Mehuys^{1*}, K Paemeleire², G Crombez³, T Van Hees⁴, T Christiaens⁵, L Van Bortel⁶, I Van Tongelen¹, JP Remon¹, K Boussey¹

From 4th European Headache and Migraine Trust International Congress: EHMTIC 2014
Copenhagen, Denmark. 18-21 September 2014

Introduction

We have previously shown that medication overuse is prevalent among individuals self-medicating regular headache.

Aims

In this study we evaluated self-medicating headache patients from a broader perspective, exploring the interplay between headache and concomitant pain conditions, pain-related disability and pain medication use. Identification of subgroups of patients could be helpful to tailor intervention strategies.

Methods

A hierarchical cluster analysis was used to group 1021 self-medicating headache patients according to their (1) socio-demographics, (2) pain characteristics, (3) pain-related disability and (4) pain medication use. Patients were recruited in 202 Belgian community pharmacies and fulfilled the following inclusion criteria: aged ≥ 18 years, purchasing an over-the-counter systemic analgesic, experiencing pain ≥ 1 full day/month and suffering from headache.

Results

Three subgroups were identified. Group 1 comprised patients with low socioeconomic status, low self-rated health, on average four concomitant pain conditions, high pain frequency, high disability, and high rates of medication overuse. Group 2 included older patients with a mean of two other pain syndromes, and low disability but high

pain intensity. Group 3 comprised young highly-educated patients diagnosed with migraine, having on average one concomitant pain condition, low pain frequency, low disability but high pain intensity, and low rates of medication overuse.

Conclusions

We have identified three subgroups in a large sample of individuals self-medicating headache. The marked differences across the three groups stress the importance of a holistic assessment of headache patients and the need for tailored strategies to reduce the risk of medication-overuse headache in primary care.

No conflict of interest.

Authors' details

¹Pharmaceutical Care Unit, Ghent University, Ghent, Belgium. ²Department of Neurology, University Hospital Ghent, Ghent, Belgium. ³Department of Experimental Clinical and Health Psychology, Ghent University, Ghent, Belgium. ⁴Department of Clinical Pharmacy, University of Liège, Liège, Belgium. ⁵Department of Family Medicine and Primary Health Care, Ghent University, Ghent, Belgium. ⁶Heymans Institute of Pharmacology, Ghent University, Ghent, Belgium.

Published: 18 September 2014

doi:10.1186/1129-2377-15-S1-D46

Cite this article as: Mehuys et al.: EHMTI-0056. Self-medication of headache: identification of subgroups of patients through cluster analysis. *The Journal of Headache and Pain* 2014 **15**(Suppl 1):D46.

¹Pharmaceutical Care Unit, Ghent University, Ghent, Belgium
Full list of author information is available at the end of the article